



AMERICAN EXPRESS® CORPORATE PROGRAM

Global Data Transfer Form - Modification Request

This form is only to be completed when a modification is required to an existing Global Authorization & Direction and/or Global Data Transfer Form. Please complete the information below if you wish to a) add client affiliates or client nominated consolidators to the list of data recipients or b) add countries to the data files transferred by American Express.

1. Client Information

Client Registered Name:	<input type="text"/>
Master Control Account or Basic Control Account or American Express Company Number or Company ID:	<input type="text"/>

2. Data Recipients

If you would like to provide additional information, please provide details on company letter headed paper, dated and signed, and submit with this form. Also include your American Express Control Account Number or Company ID on the attached document.

Client Affiliates

Please provide details of the Client Affiliates that you wish American Express to send data or data files on your behalf.

Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/> <input type="text"/>
Postal Code / Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/> <input type="text"/>
Postal Code / Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/> <input type="text"/>
Postal Code / Zip Code:	<input type="text"/>
Country:	<input type="text"/>

Nominated Consolidator

Please provide details of the nominated consolidator(s) that you wish American Express to send data files on your behalf. If there is not enough space, place additional consolidators on company letter headed paper, dated and signed, and submit with this form. Also include your American Express Control Account Number or Company ID on the attached document.

Consolidator Name:	<input type="text"/>
Consolidator Address:	<input type="text"/> <input type="text"/>
Postal Code / Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Consolidator Name:	<input type="text"/>
Consolidator Address:	<input type="text"/> <input type="text"/>
Postal Code / Zip Code:	<input type="text"/>
Country:	<input type="text"/>



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2. Data Recipients (Continued)

Country List

If you would like to add new countries where data needs to be transferred to your consolidator and/or affiliate, please list the countries below. Also include your American Express Control Account Number or Company ID on the attached document.

3. Client Authorization

I warrant that the information herein is correct and I will notify American Express of any changes. I authorize American Express to make changes to the existing Global Authorization and Direction/Global Data Transfer Form dated:

M M D D Y Y

By signing this form I accept that the terms and conditions I agreed to in the Global Authorization and Direction/Global Data Transfer Form or any other existing data transfer form shall remain binding and unchanged. The person signing this form is legally authorized to do so and can bind the Client Company to this agreement.

Authorized Signature

X

M M D D Y Y

Full First and Middle Name(s):

Last Name:

Job Title:

Once completed, signed and dated, please return to your American Express Representative. For SAP Concur, please return the completed form to concur_cc-eoperator@sap.com. When sending documents via email, please remember that the internet can be insecure.